

NAME OF CAPTAIN				
TYPE OF CHANGE		 Replace Current Player Add New Player 		MOBILE:
REASON(S) FOR REQUEST*		 □ Reason for leaving □ Lost Existing Card 		
New Player Details (for player replacement or addition)		Player Details		
New Player Details (for player replacement or addition)	Player Details Card Details	FULL NAME: (name without surname will be rejected) Email:		
		Mobile:		
	Card Details Player being replaced	Card ID:		
		Card Name:		
		Catch Phrase:		Rating:
	Old Card ID			
Card Details (for card replacement)	New Card ID			
	New Card ID			

CAPTAIN'S SIGNATURE

DATE OF SUBMISSION

Please fax the form to DARTSLIVE at Fax No.: 6735-1381, or email the form to : league_sg@dartslive.com

FOR OFFICIAL USE ONLY			
Verified By:	_(League Master)	Date: _	